

ELECTRONIC REPAIR FORM

The claims office must determine whether internal damage to an electrical or electronic item was caused by the item being dropped or mishandled in shipment, or whether the damage was due to age, fair wear and tear, a manufacturer's defect or any other factor. Please complete this form to the best of your ability.

1. Repair Firm's Name and Address:

Claimant's Name:

2. Repair Firm's Telephone Number: _____

3. Name of Person completing this form: _____

4. Item examined: _____

Make, Model, Year

5. There (circle one) was / was not external damage to this item. Description and location of new external damage is:

Description and location of old external damage is:

6. I (circle one) was / was not able to determine the cause of any new external damage. To the best of my knowledge and belief, the damage was caused by:

7. There (circle one) was / was not internal damage to this item. Detailed description of internal damage is:

8. I (circle one) was / was not able to determine the cause of the internal damage. To the best of my knowledge and belief, the damage was caused by:

9. Was the internal damage caused by shipment: (Circle one)

a. Definitely b. Probably c. No d. Can't tell

(over)

10. The specific reasons for my conclusions regarding the internal damage are:

11. I estimate the cost of repairing the internal damage to be:

(Parts) _____ \$ _____
(Parts) _____ \$ _____
(Parts) _____ \$ _____

Cleaning, adjustments, or other services: \$ _____

Tax: \$ _____

Labor: \$ _____

Total: \$\$ _____

12. Please list any charges which are not actually necessary to repair this item so that it properly functions (for example, list charges for cleaning, adjustment or other services which would not be required except as periodic maintenance.

Servicing charges not necessary \$ _____

13. If there is new external damage to this item that your firm can repair, what are those charges?:

Exact nature of repairs: _____

Total cost of external repairs: \$ _____

Tax: \$ _____

Labor: \$ _____

Total: \$ _____

14. Cost of Estimate is: \$ _____. If your repair firm is afforded the repair of this item, will you deduct your estimate fee from the total bill? Circle one.

a. Yes b. No c. Estimate fee not charged

15. Please Print Name: _____

16. Signature: _____

17. Date: _____

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM

**OFFICE OF THE STAFF JUDGE ADVOCATE
CLAIMS DIVISION**